And the first of the second section is the second s	
PLACE OF BIRTH C	· · · · · · · · · · · · · · · · · · ·
1. County of Liea ARIZON	NA STATE BOARD OF HEALTH
District of	VITAL STATISTICS State Index No. //5
$m_{i,j}$	IFICATE OF BIRTH County Registrar No. 03.74
or .	A Local Porticion No.
City of No (If hirth occurred in a	Larry Carryon St. Ward hospital or institution, give its NAME instead of street and number)
	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	
8. FATHER	14. MOTHER Full maiden name Cylithia adelia Stowell
9. Residence (Usual place of abode) Miami, Anyon, If nonresident, give place and state	15. Residence (Usual place of abode) Mianii anijona If nonresident, give place and state
16. Color or race	16. Color or race
White 11. Age at inst birthday 26 (Years	
12. Birthplace (city or place) Annabelle	18. Birthplace (city or place)
(State or country)	(State or country) Thex: Co
13. Occupation artestas filter Nature of industry Power Plant ! Copper minin	19. Occupation Housewipe
(Taken as of time of birth of child herein (b) Born alive but now certified and including this child.)	w living 21. Were precautions taken against oph- thelmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWLFE*	
I hereby certify that I attended the birth of this child, who was at at m, on the date above stated.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Address	Mianin , any
Given name added from a supplemental report Filed	Det 31 19 73 ( 5. ) July
Month, day, year.	11- 6 1923 B. Local Registrar.
Registrar.	County Registrar.
H49-1003-	~ 523